

instructions must be available in the form of manuals, audiotapes, and videotapes and must be provided to all sites as part of the licensing arrangement.

2. A list of multiple sites or affiliates that are located in various geographic locations throughout the United States and that use the parent organization's name and are recognized as entities of the parent organization. The parent organization must provide initial on-site training to all affiliated staff and schedule regular on-site visits to ensure adherence to the prescribed regimen.

3. A standardized protocol that describes the program in detail and includes a prescription of a low-fat diet, lifestyle counseling, nutrition education, supervised exercise, stress management training, group support, and smoking cessation. In addition, the protocol must provide for medical lipid management. The protocol must have a defined treatment plan that provides the length of the regimen and the sessions (by frequency and time). Patient and staff goals must be specified. The manual must contain a description of staffing needs, educational requirements, and the roles and responsibilities of all personnel.

4. A formal management plan that describes the coordination of reporting and communicating to the affiliated sites (for example, regular phone conferences, annual or bi-annual retreats, and electronic messaging). A recognized program or site coordinator must act as a liaison at the parent site to provide guidance and address issues that arise during day-to-day operations.

5. A minimum of 3 years of continuous operation using the standardized protocol. Affiliates must have a minimum of 1 year of experience in providing the same standardized services and should be recognized as a part of, or operate under, a larger corporate entity that is a Medicare provider.

6. A record of successful marketing of its program to, or its use by, the age 65 and over population, including the under-served and minority populations.

7. A record of successful patient adherence to the program.

8. Coverage by a minimum of one major private insurer.

9. The capability or potential of receiving and transmitting information electronically between its sites and HCFA.

This notice is not covered by the Paperwork Reduction Act of 1995 and accordingly was not reviewed by the Office of Management and Budget. In accordance with Executive Order 12866,

this notice was not reviewed by the Office of Management and Budget.

We have examined this notice in accordance with Executive Order 13132, Federalism, and have determined that it will not have any negative impact on the rights, roles, or responsibilities of State, local, or Tribal governments.

**Authority:** Sections 402(a)(1)(G) and (a)(2) of the Social Security Amendments of 1967 (Public Law 90-248), as amended (42 U.S.C. 1395b-1(a)(1)(G) and (a)(2)).

(Catalog of Federal Domestic Assistance Program No. 93.779; Health Financing, Demonstrations, and Experiments)

Dated: December 15, 1999.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[HCFA-3029-WN]

#### Medicare Program; Cancellation of the Meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee—January 19 and 20, 2000

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice of meeting cancellation.

**SUMMARY:** This notice announces the cancellation of the January 19 and 20, 2000 meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee (MCAC).

**FOR FURTHER INFORMATION CONTACT:** Constance A. Conrad, Executive Secretary, 410-786-4631.

**SUPPLEMENTARY INFORMATION:** This notice announces the cancellation of the January 19 and 20, 2000 meeting of the Medical and Surgical Procedures Panel of the MCAC. Notice of the meeting was given on December 13, 1999 (64 FR 69538). The meeting will be rescheduled and announced in a subsequent **Federal Register** notice.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 14, 1999.

**Jeffrey L. Kang,**

*Director, Office of Clinical Standards and Quality, Health Care Financing Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Health Care Financing Administration (HCFA), (**Federal Register**, Vol. 62, No. 85, pp. 24122, 24123, and 24124, dated Friday, May 2, 1997) is amended to update the Office of Communications and Operations Support (OCOS) and the Center for Beneficiary Services (CBS) functional statements to reflect the transfer of the Agency's beneficiary-centered communications functions from OCOS to CBS. CBS made additional changes to the organization's functional statement to more accurately reflect the Center's responsibilities.

The specific amendments to Part F are described below.

Section F.20.A.5. (Functions), paragraph 6, Office of Communications and Operations Support (FAL) and paragraph 10, Center for Beneficiary Services (FAQ), are amended by deleting both organizations' functional statements in their entirety and replacing them with the following:

#### 6. Office of Communications and Operations Support (FAL)

- Serves a neutral broker coordination role, including scheduling meetings and briefings for the Administrator and coordinating communications between and among central and regional offices, in order to ensure that emerging issues are identified early, all concerned components are directly and fully involved in policy development/decision-making and that all points of view are presented.

- Coordinates and monitors assigned agency initiatives which are generally tactical, short-term and cross-component in nature (e.g., legislative implementation).

- Provides operational and analytical support to the Executive Council.

- Manages speaking and meeting requests for or on behalf of the